

FIRM / PERSON NAME

MAILING ADDRESS

TELEPHONE NUMBER

COUNTY NAME

CITY

STATE

ZIP CODE

VIOLATION DATE/TIME

<input type="checkbox"/> Agricultural Pest Control Adviser	<input type="checkbox"/> Structural Pest Control Operator	<input type="checkbox"/> Private Applicator
<input type="checkbox"/> Pest Control Business	<input type="checkbox"/> Field Representative	<input type="checkbox"/> Labor Contractor
<input type="checkbox"/> Pest Control Aircraft Pilot	<input type="checkbox"/> Qualified Applicator Certificate	<input type="checkbox"/> Government Agency
<input type="checkbox"/> Pest Control Dealer	<input type="checkbox"/> Qualified Applicator License	<input type="checkbox"/> Other

LICENSE/ CERTIFICATE #

ADDRESS/PROPERTY LOCATION

CITY

Food and Agricultural Code (FAC)

California Code of Regulations (CCR)

Business and Professions Code (B&P)

Labor Code (LC)

E. Violation Narrative

F. Cease and Desist / Stop Work Order

You are ordered to cease and desist:

Pursuant to Food and Agricultural Code Section: (Check one box) ☐ 11737 ☐ 11896 ☐ 11897 ☐ 13101 ☐ 13102

G. Notice

This information documents that a violation of statutes or regulations pertaining to Pesticides and Pest Control Operations or a violation of the Business and Professions Code pertaining to Structural Pest Control or a violation of the Labor Code pertaining to Farm Labor Contractors has occurred. Violations of this nature may subject the violator to further action as prescribed by law.

H. Notification Information

NOTIFIED PERSON'S PRINTED NAME

TITLE

SIGNATURE

DATE _____

The "Notified Person's Signature" (above) is not an admission of guilt or a promise to appear (citation).

ENFORCING OFFICER'S PRINTED NAME

TITLE

SIGNATURE

DATE _____

ISSUING AGENCY

VIOLATION DELIVERED:

☐ Regular Mail ☐ Certified Mail #

Fax #

☐ Other☐ In Person Date: